

MedLife and Health

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College Station
Medical Center

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PREMIERE ISSUE!

A&M OFFICIAL HEALTHCARE PROVIDER OF TEXAS A&M ATHLETICS

Healing our tiniest patients

Craig Steiner, M.D.,
leads the neonatal team



Craig Steiner, M.D.
Neonatologist

Craig Steiner, M.D.'s relaxed manner is the first thing people notice about him, and stressed parents who have a premature baby appreciate this trait. Dr. Steiner is chief of neonatology at College Station Medical Center (CSMC), and he's brought new meaning to caring for babies in the Brazos Valley.

"I tell the nurses all the time, 'If you see me panic, that's when you need to get worried,'" says Dr. Steiner. A graduate of Texas A&M University, Dr. Steiner attended medical school at the University of Texas in Houston. His pediatrics residency and neonatal fellowship were completed at the University of Louisville, where he remained on faculty for seven years before returning to College Station.

NICU BEGINNINGS

CSMC's chief executive officer, Tom Jackson, began researching the need for a neonatal intensive care unit (NICU) four years ago, noting that the hospital was sending approximately 12 premature infants each month to other facilities.

"We worked with the March of Dimes, researched the demographics and talked with pediatricians and obstre-

! Get informed

For more information about the NICU at College Station Medical Center, call (979) 693-2762.



tricians here on campus. The need was there," says Jackson.

In 2004, the hospital underwent a \$38 million renovation; \$4.5 million went toward the NICU—the first in the Brazos Valley. With physician and community support, the NICU received its first baby on Christmas Eve 2005. Since then, approximately 300 babies have been discharged from the NICU.

LOOKING FORWARD

Dr. Steiner has three neonatal nurse practitioners assisting him, with plans for another full-time neonatologist to arrive sometime in 2008.

"The hospital also plans to enlarge the NICU, as we've remained almost at full capacity for more than a year," says Dr. Steiner.

"By keeping premature infants close to home, families won't have the added stress of transferring to a larger, busier facility," adds Dr. Steiner.

"No family plans on having a premie or baby who needs extra help after delivery, but it happens. Seeing an infant return for a visit after discharge, who's growing and thriving because of the NICU care, is one of the biggest rewards for us."

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The secret to weight control for women: Pumping iron!

Reaching middle age doesn't mean you get to retire to the porch rocking chair. Since your metabolism slows as you get older, it's more important than ever to stay active to keep from gaining weight.

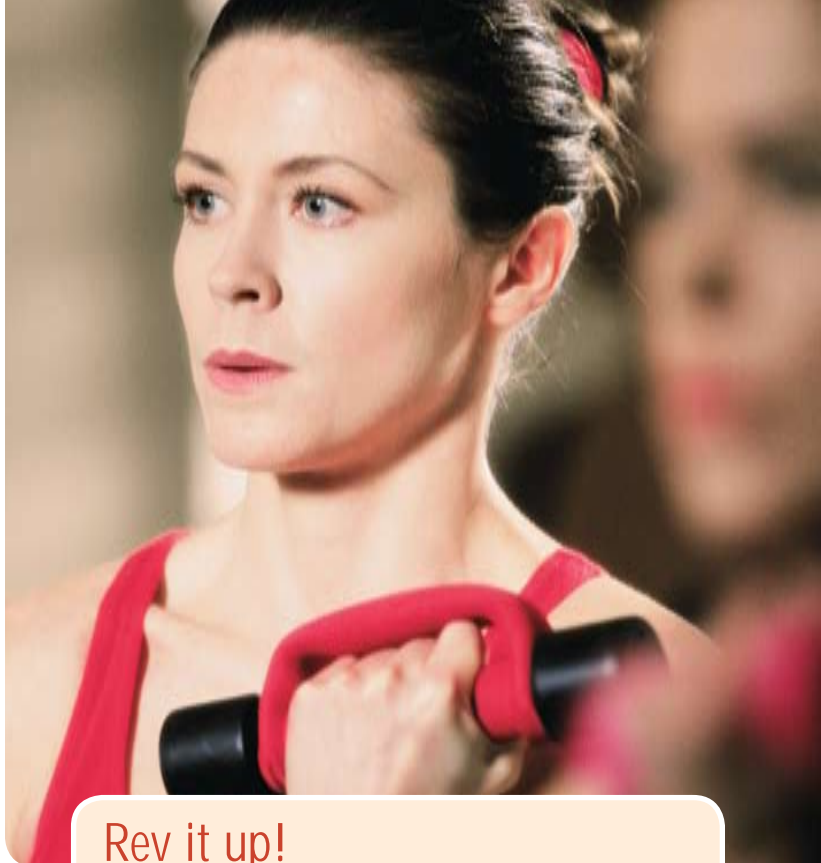
STUCK IN THE MIDDLE

A buildup of belly fat isn't uncommon as you age, but there's a powerful weapon to help you combat middle-age spread: weight lifting. A National Institutes of Health study found that women who pumped iron twice a week—on machines or using free weights—prevented or slowed unhealthy fat accumulation around the midsection, which has been linked to heart disease and other ailments.

But the benefits don't stop there. Weight lifting, or strength training, can also help you:

- relieve arthritis
- improve your balance and reduce falls
- strengthen your bones
- maintain an overall healthy weight
- control your blood sugar
- improve your sleep
- increase your aerobic capacity
- boost your self-esteem

Strength training can be done by most anyone at any age. To get started, talk with your doctor. He or she can recommend an exercise program suited to your abilities. When combined with regular aerobic exercise, weight lifting can be just what the doctor ordered.



Rev it up!

Try combining weight lifting with these surefire ways to kick-start your metabolism and keep off the pounds.

- 1. Get your zzzs.** When you don't sleep well, your body craves energy and releases glucose into the bloodstream, which slows your metabolism and contributes to weight gain. But getting enough sleep—about eight hours—can keep your metabolism on course.
- 2. Eat breakfast.** Breakfast fuels you for the rest of your day. Skipping meals can cause you to eat more high-calorie, high-fat foods at your next meal. Eating smaller, more frequent meals can boost metabolism.
- 3. Go aerobic.** Engaging in activity that raises your heart rate for at least 60 minutes on most days can help you control weight and boost metabolism. Aerobic activities include walking, jogging, cycling and swimming.

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Filling out the online survey is easy: Simply go to www.healthconnectionmag.com and complete the survey.

By completing our survey, you'll be automatically entered in a random drawing to win one of five gift cards.

All surveys must be completed online by May 27, 2008, to be eligible to win. One entry per person please. Thank you for your time and assistance.

All responses will be kept strictly confidential. We do not sell, rent or give away your e-mail address.



JOINT SOLUTIONS

Not your father's knee surgery

Your knee joints support almost half your body weight, so it's no wonder that they sometimes break down.

If you have joint pain and have exhausted non-surgical remedies—medicines, exercise, weight loss, physical therapy—it may be time to consider a knee replacement.

Today's knee replacements allow for greater range of motion and flexibility than in the past, so patients can return to active lifestyles. According to the American Academy of Orthopaedic Surgeons, 90 percent to 95 percent of today's knee replacements last 15 years or more. More than 150 knee-replacement designs are available today. The type of implant that best suits you depends on factors such as your weight, age, gender and anatomy.

NEW HELP FOR KNEE PAIN

Because surgeons can perform minimally invasive knee replacement, patients suffer less trauma to surrounding muscles, tissues and tendons and less bleeding than with traditional surgery. Surgeons make

a four- to six-inch long incision, compared with the traditional eight to 10 inches. Smaller incisions mean shorter hospital stays, faster recoveries and less scarring.

Depending on the level of damage, surgeons may replace only some parts of the knee. If the entire joint is damaged, they'll perform a total knee replacement in which the damaged area is removed and replaced with implants made of plastic, metal or ceramic.

However, like natural joints, man-made versions can wear down, requiring a second surgery. Also, when minimally invasive surgery is performed, some studies show a risk that the knee implant won't be as accurately placed as with traditional knee replacement. (Some surgeons use computer-guided instruments to help combat this problem.)

If you're considering knee replacement surgery, your doctor will weigh the benefits and risks of minimally invasive surgery and discuss with you the best surgical option to get you back on your feet, pain free.

Anatomy of a worn-out knee

Cartilage acts as a protective layer so your joints can move smoothly with little friction. But sometimes cartilage is damaged—most commonly from osteoarthritis—which can cause pain and inflammation in the tissues surrounding the joint. Over time, the cartilage wears away, allowing rough edges of the bone to rub against each other, which can result in more pain.





Tom Jackson
Chief Executive Officer

Dear neighbor,

We already have several developments underway this year at College Station Medical Center (CSMC), including a new medical office at the corner of Birmingham and Longmire and a recently completed Women and Children's Clinic at 1651 Rock Prairie.

HOSPITAL ADVANCES

This year, we're acquiring more than \$6 million in advanced medical technologies. These additions include an advanced cardiac catheterization lab offered by Philips Medical Systems, which will feature a vendor-specific 64-slice computed tomography interface previously not available in our region, with radiation levels among the lowest in the industry.

We're also very excited about two new heart surgeons joining our medical staff. Both are Aggies with advanced training. Andy Hansen, M.D., trained under Michael DeBakey, M.D., and Chris Gullett, M.D., trained under Denton Cooley, M.D.

Our Women's Pavilion continues to offer compassionate care for mothers and babies. As the only 24/7 in-house neonatology provider in the region, we've set a new standard of care. Craig Steiner, M.D., class of 1989, is our neonatology leader and will soon add a full-time partner who lives right here in College Station. Backed by 16 neonatologists and in-house 24/7 neonatal nurse practitioners, this is truly an experienced team.

We also have several other hospital expansions underway, including updates to our pharmacy and cafeteria.

GIVING BACK

As a result of our growth, CSMC has become the largest taxpayer in the community. We currently have a medical-corridor tax base of more than \$120 million. To put this in perspective, it was just above \$28 million back in 1997.

When you consider the 18 percent of net revenues we provide for charity care and the quality of our outcomes (see www.hospitalcompare.hhs.gov), we demonstrate our commitment to quality and display our benevolence each and every day.

I'm honored that you're taking the time to read through our publication and grateful for the interest you have in CSMC.

With warmest regards,

Tom Jackson
Chief Executive Officer
College Station Medical Center

Fast fact

Sun protection is a year-round affair. Studies show that people who are exposed to bursts of sunlight are more likely to develop melanoma than people who are outdoors regularly.



We're here to help

New Community Health Center is going strong

It's an exciting time for the nearly 300 employees of Brazos Valley Community Action Agency (BVCAA). The past few months have been a testament to the high level of collaboration in our community.

In October 2007, the College Station Community Health Center officially opened its doors. Experienced medical care in Brazos Valley became easily accessible to women and children in the Bryan-College Station community.

"The College Station Community Health Center is a manifestation of the best possible efforts between the for-profit and not-for-profit sectors," says Eric Todd, senior administrator of health services for BVCAA. "Because of the generous gift by The Med, we were able to make this clinic happen."

A COLLABORATIVE EFFORT

The center is the result of a collaboration between physicians in private practice, such as Ob/Gyn Justin Gayle, M.D., and the pediatricians of University Pediatrics Association.

"This collaboration also placed us in an opportune spot to apply for and acquire the state Cervical and Breast Cancer Screening Program," says Todd. "Under the direction of Julie Ribardo, Ph.D., this project will enable hundreds of women in the region to receive possibly life-saving gynecological screenings. Women who test positive for the human papillomavirus (HPV) but have financial limitations will be eligible for treatment through the emergency Medicaid program."



FUTURE OFFERINGS

Thanks to the principal partners of University Pediatrics Association and their willingness to work with BVCAA at the College Station Community Health Center, expanded services soon will be available to the children of the Brazos Valley, like specialty clinics for ADHD and childhood obesity.

BVCAA would like to thank College Station Medical Center and our generous community. Together, we're able to offer healthcare for the whole family and make the Brazos Valley a better and stronger community.

! Learn more

For more information about the College Station Community Health Center, call (979) 693-7400.

HEALTHWISE QUIZ

How much do you know about cancer's risk factors?

Take this quiz to find out.

1

Which is not a known breast cancer risk factor?

- a. alcohol
- b. obesity
- c. number of pregnancies
- d. an injury to the breast

2

Smoking:

- a. causes one-quarter of all cancer deaths
- b. causes one-third of all cancer deaths
- c. causes only lung cancer
- d. none of the above

3

If you're a male, you have a greater chance of developing prostate cancer if you are:

- a. Asian
- b. Hispanic
- c. African-American
- d. Caucasian

4

You can reduce your risk of colon cancer by:

- a. eating less red meat
- b. eating at least three servings of vegetables a day
- c. both a and b
- d. There's nothing you can do to reduce your risk.

5

Over the years, routine Pap tests have reduced the rate of which type of cancer?

- a. ovarian
- b. cervical
- c. uterine
- d. bladder

ANSWERS: 1. D; 2. B; 3. C; 4. C; 5. B



Putting your heart to the test

If your doctor wants to find out how well your heart is working, he or she may have you take an exercise stress test. A stress test, or exercise electrocardiogram, typically requires that you walk or run on a treadmill at varying speeds and inclines while hooked up to heart-monitoring equipment.

A stress test can also help determine the cause of chest pain, light-headedness or shortness of breath or predict the likelihood of a heart attack. It can also determine your capacity for exercise, especially if you have been physically inactive.

HOW THE TEST WORKS

When you exercise, your body demands more oxygen, requiring your heart to pump more blood. During exercise, your doctor can detect symptoms that could reveal a heart problem. Signs of potential trouble include abnormal changes in your heart rate or blood pressure or shortness of breath. A blockage in the arteries, an irregular heartbeat and poor aerobic conditioning can all cause these symptoms.

Because women don't always have the same heart symptoms as men do, standard stress tests may be less accurate for females. In these instances, your doctor may recommend an imaging stress test that takes pictures of the heart, such as magnetic resonance imaging, echocardiography or positron emission tomography.

